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ABSTRACT

This practicum was designed to assist parents of juveniles who had been placed in residential care for sexual offenses. Although there was a consensus in the field that inclusion of the family in treatment was essential, few family treatment models were available. No family treatment models were found specific to working with families that had children who had been convicted of sexual offenses and placed in residential care. A specific focus taken here was on teaching parents the sexual offense cycle. The offense cycle was seen as critical to understanding the sexual offending behavior and the development of an effective relapse prevention plan. This training took place with natural and foster parents who would have juvenile sexual offenders returning to their homes. Evaluation results indicate most parents would participate in training, that training did increase the understanding of sexual offense behaviors, and that the parents gained confidence in their ability to intervene in their child's sexual offense cycle. Following implementation of the training, parents became more active in the treatment program and were more likely to accept the offender into their home following residential treatment. Professional survey, pre- and post-tests, and test results are appended. Contains 21 references. (Author)

# Development Of An Effective Relapse Prevention Intervention For The Parents Of Juvenile Sexual Offenders

by

James W. Marquoit

Cluster 56

A Practicum I Report Presented to the
Ed.D. Program in Child and Youth Studies
in Partial Fulfillment of the Requirements
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PRACTICUM APPROVAL SHEET

This practicum took place as described.

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This practicum report was submitted by James W. Marquoit under the direction of the advisor listed below. It was submitted to the Ed.D. Program in Child and Youth Studies and approved in partial fulfillment of the requirements for the degree of Doctor of Education at Nova University.

Approved:

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My family, who actively supported me even when it meant less time and resources for all.

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## ABSTRACT

Development Of An Effective Relapse Prevention Intervention For The Parents Of Juvenile Sexual Offenders. Marquoit, James W., 1994: Program in Child and Youth Studies. Sexual Offenders/ Parenting Training/Residential Care/Juvenile Sexual Offenders

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A specific focus was placed on teaching parents the sexual offense cycle. The offense cycle was seen as critical to understanding the sexual offending behavior and the development of an effective relapse prevention plan. This training took place with natural and foster parents who would have juvenile sexual offenders returning to their homes.

Evaluation results indicate most parents would participate in training, that training did increase the understanding of sexual offense behaviors, and that the parents gained confidence in their ability to effectively intervene in their child's sexual offense cycle. Following implementation of the training, parents became more active in the treatment program and more likely to accept the offender into their home following residential treatment. Professional surveys, pre- and post-tests, and test results are appended.


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# CHAPTER I

# INTRODUCTION

## Description of Community

The "community" that was involved in this practicum was large and diverse. The students involved in this practicum were placed by court order in a residential placement for delinquent males between 14 and 18 years of age. The students came from all areas of this midwest state and reasonably represent the diverse ethnic, religious, urban, and rural characteristics common to the state. The families and foster families which were involved in this practicum also came from extremely diverse communities, although the foster families did not tend to come from the state's largest city in a proportion representative of its population.

The communities represented by the foster families can be divided into three areas: urban, rural, and small cities (under 50,000). Approximately 30% of the foster families lived in large urban areas, 50% in cities of less than 50,000 people, and 20% in rural areas. The cities tended to have large minority populations, particularly African-Americans, and this is reflected in the foster families.

The great majority of the minority foster families are from urban areas or smaller cities, while almost all rural families were white.

The communities represented by the students' natural families in this practicum were also extremely diverse. Of 12 families involved in this practicum, 8 were from different counties. Three families were from one relatively urban/suburban area, and only one family was from the state's largest urban area. The communities were very heterogenous, and there was no community which would represent a "typical" family. The families in this practicum were tied together by the problems they faced, with little consistency in the communities in which they lived.

## Work Setting and Role

This writer is a director of residential care. This residential setting serves 60 adjudicated males between the ages of 14 and 18. There are no voluntary placements. All students have been placed in this residential treatment center by court order. The residential program is self-contained, including an on-grounds school, medical clinic, and living quarters. The treatment milieu is holistic in approach and based on a psycho-educational model. Treatment is group centered, and the staff are all part of treatment teams with a strong teamwork primacy base.

The residential setting described is part of a much

larger organization serving troubled children and families in three states. The campus in which this residential program takes place also is a base for treatment foster care, home-based programs, (i.e., families first), alternative education, prevention services, and outpatient counseling. Children and families may receive services in any of these areas or any combination of services as dictated by their needs. Most of the children who are unable and/or unwilling to return to their "natural" families will transition into foster care or independent living services. Although all these services are independent in a gross structural sense, training for the staff crosses all programs, and permanency planning is done through consultation and consensus with all program areas that may be involved in services to the child or family.

The specific populations that were involved in this practicum were the children and the "families" of the children who had been placed in residential care for adjudications in the area of sexual offending. The children involved were all considered medium- to high-risk by Loss and Ross (1988), and these assessments are quite consistent regardless of the assessment tool used. All the children had been adjudicated on multiple offenses and had acknowledged between 24 and 300 offenses. A "family" in the context of this practicum referred to any significant adult(s) to whom the child would return upon completion of

the residential portion of his treatment program.

As a director of residential care, this writer is responsible for all areas of the treatment program including education, personnel, program development, and family services related to the children in care. There is very little vertical differentiation as defined by Robbins (1992), with all staff in the treatment program reporting directly to the director or assistant director. As the director, it is this writer's primary responsibility to see treatment teams have the resources, information, and training to make the best possible decisions in relation to the children and families we serve.

# CHAPTER II

# STUDY OF THE PROBLEM

## Problem Description

The field related to working with juvenile sexual offenders is very new. Only in 1988 did a national task force on juvenile sexual offending put forth recommendations to guide the treatment of these troubled young people. The National Task Force on Juvenile Sexual Offending (1988) put forth unanimous recommendations that family involvement was essential in good treatment but felt there was far too little research and information to define the structure or content of this involvement. In the Revised Report from the National Task Force on Juvenile Sexual Offending (1993), slightly stronger recommendations were given, but specifics of family treatment remained undefined.

Families, especially foster families, have been very hesitant to receive sexual offenders back into their homes. The trauma on family systems that have endured sexual abuse is real and permanent. The secrets and lies that are essential to the sexual offender successfully continuing their victimizations create feelings of confusion and powerlessness in the parents who feel responsible for the

actions of their children.

Research in residential care has found that children who return to family systems have a higher success rate than children who leave a residential treatment program and must go to another institutionalized program such as a group home. A recent study (Starr Commonwealth 1990) found the greatest predictor of success after residential care is not race, academic ability, or quantity of adjudications. It is the ability of a student to return to a family system (see Appendix D). If we are unable to invest families in caring for these children after their residential treatment is concluded, there would seem to be little hope for successful re-integration into the community.

Families do not understand the sexual offender's problem nor how they can help. The families feel unable to intervene effectively and powerless to stop the offending behavior. To willingly open a home to a problem child, the parent must feel they are empowered and able to deal effectively with the problem. The overwhelming majority of the families involved with juvenile sexual offenders have not felt empowered or capable of dealing effectively with sexual offending behaviors, so they take the only other option available--reject the child and the problem that comes with them. In short, the families of sexual offenders do not feel empowered, nor do they feel they have the ability to effectively intervene in their child's offending

behavior.

## Problem Documentation

Following the decision to form a sexual offender specific residential component in 1990, the specialized foster care parents were approached on their receptiveness to receiving children who graduated from the sexual offender program into their homes. These "specialized" foster parents were experienced foster parents who regularly accepted young men into their homes who had been convicted on charges varying from felony drug charges to murder. Despite the severity of problems these foster parents were used to dealing with, none expressed a desire (or willingness!) to serve sexual offenders. Although all of these parents receive extensive, ongoing training, none felt they understood the problem of sexual offending adequately enough to be effective foster parents. There was an almost unanimous vision of a child coming to their home and offending in their community. They feared they would not recognize symptoms of offending behavior and would not know how to intervene if the symptoms could be recognized.

During the formal program planning process, two nationally recognized consultants in the field of sexual offender treatment (Berenson, D.J. & Brannon, J., personal communication, May 1992) were unable to find a model for comprehensive family training. The necessity of family involvement was a priority for both men, but a curriculum

preparing families for the return of children from a residential treatment program for sexual offenders was nowhere to be found. Both consultants also agreed success would depend heavily on the family's ability to understand the child's sexual offense cycle and their ability to intervene effectively, but neither had a training model to offer.

In June of 1993, a statewide Sexual Offender Sharing Conference took place that included a component that was specific to families. That families must feel empowered and able to deal with problems related to sexual offenses was agreed upon by all. That families, especially foster families, felt intimidated by the nature and complexity of sexual offending also provided an easy area of agreement. Despite this agreement, only 4 of 16 agencies serving children in a residential setting worked with the families in the community, and none had a specific model designed to empower and educate foster parents. The problem of empowering families to effectively intervene with children who have sexually offended was recognized by all, but specific interventions were not presented.

This writer mailed a survey to all the agencies in the state with known sexual offender programs (see Appendix A). This same survey was sent internally to all staff working with families, foster families, and/or sexual offenders. The responses were amazingly similar, internally and

externally.

When asked how critical working with families is to the successful treatment of these youth, 22 of 26 professionals responded with strong positive statements such as essential, very critical, important, and paramount. The other 4 responses made the importance dependent on the student's willingness and/or ability to return to a family.

In response to a question related to information that was being given to the families of sexual offenders, a large majority (18 of 26) noted information related to offense cycles, patterns, and repetitive behavior was given. The need to empower families by assisting them in understanding the child's problem was clear. Despite this clear presentation of what needs to be shared, only 4 of 21 responses to a later question said they had specific materials or a specific curriculum they used in working with the families, and none of those models focused on the "how to's" of the sexual offense cycle--the primary item the professionals gathered felt needed most to be shared if families were to accept children with sexual offenses into their home.

## Causative Analysis

Family systems of moderate- to high-risk sexual offenders tend to survive on denial and avoidance. Alcoholism and drug usage is extremely common in these family systems. The same enabling factors that allow an

alcoholic to remain a family "secret" enable adolescent sexual offenders to continue offending over great periods of time without the family seeming to be aware. The families will deny the extent, severity, and frequency of behaviors clearly related to inappropriate sexual activity. To look any more closely at these behaviors risks exposure for the family.

Lane and Ryan (1991) speak to the pervasiveness of secrets that exist in the families of sexual offenders and the fact that these secrets are not only kept from extra-familial exposure, but they are kept from the family itself. Families involved in cyclical problem behavior come to truly believe these problems will become more painful and powerful if they are discussed. Although clear symptoms such as pornography usage, genital exposure, sexual language, and extremely inappropriate touching are present with almost all sexual offenders, the family system is so afraid of their inability to deal with any larger problem that they rationalize and minimize the problems that are clearly evident.

Family systems that have children in residential treatment centers are already overwhelmed by life situations that necessitated placement. Feelings of failure and isolation occur when a child is removed from the home. If the parent cannot see a means of dealing with the problems that caused removal from the family system, they are very

hesitant to allow the child back to create another failure and possibly put the entire system at risk. The isolation felt by families when a child is removed is difficult at best. The isolation felt when a child is removed because of sexual offenses is almost overwhelming. The thought of approaching anyone outside the family system for help in addressing these problems brings on feelings of inadequacy, ridicule, and certain condemnation.

For those parents willing to take the risk involved in working with a child who has committed sexual offenses, further problems arise. Very few communities served by this organization have counseling services available for sexual offenders, and those who do often have waiting lists of close to a year or more. Thus, even a supportive, caring parent must feel able to handle problems of the sexual offender as they arise. Few, if any, community resources will be available to them when future signals of offending behavior are seen. The lack of community support systems makes many parents feel even less confident they can effectively recognize and intervene in new problems when they arise.

Most of the families involved with children in residential treatment centers have extensive histories of contact with the department of social services, juvenile courts, and private child-serving agencies. Although these well-intentioned, often well-trained, professionals are

helpful with many family and parenting problems, they offer little solace to parents of sexual offenders. The state offers no training in working with the families of sexual offenders, the juvenile court offers none, and there is no curriculum designed for foster families working with sexual offenders. In short, the parents receive little direction in how to better, and more confidently, help the juvenile sexual offender because the professionals to whom they look have little or no knowledge of how to help either the parent or the child.

## Relationship of the Problem to the Literature

The literature related to the need for family work is very consistent. To work with a child or adolescent without including the entire family system is ineffective, inefficient, and artificial. There are innumerable approaches to working with families, but almost all involve the basic premise that any change or growth a child tries to make must be accepted by the family system or it will fail.

Friedrich (1990) summarizes the family-systems approach in a most inclusive and summarative manner.

> A family-systems approach to treatment emphasizes the interaction of all members of the family. Causality is seen as circular, and all interpersonal linkages are seen as reciprocal in nature. Behavioral problems are not simply a function of bad behavior directed at an individual. Rather, behavioral problems represent the cumulative interaction of all members of a system over one or more generations, and they reflect the difficulties that families have in negotiating various transformations in the life cycle (p. 168).

The highly structured family approaches of leaders in family therapy such as Bowen (1976) and McGoldrick (1982) may seem far removed from the emotional, spontaneous approaches of other leaders such as Sater (1982) and Whitaker (1977), but their common focus on the importance of the family system outweighs differences in the specifics of clinical approach.

Although the literature pertaining to family counseling and therapy is not specific to families of sexual offenders, it certainly is inclusive of their family system problems. The literature available with information related to families of juvenile sexual offenders is extremely limited. Literature on working with families in preparation for a return from a sexual offender residential treatment center is non-existent for all practical purposes. Despite these limiting factors, the literature that is available shows consensus in some areas. The first area of consensus is in the importance of family involvement during residential treatment. The second area of consensus relates to the importance of the sexual offense cycle in developing a functional relapse prevention plan.

The National Task Force on Juvenile Sexual Offending (1993) unanimously recommended direct family involvement in all aspects of the offender's treatment. All available literature agrees with this theme. The task force was not able to develop specific recommendations in this area, as

they did in most other areas related to the juvenile sexual offender. Although this appears to be a very broad recommendation, the recommendation itself helped offer a focus and direction for those working with juvenile sexual offenders. The task force went so far as to say petitions should be filed with the court to mandate participation of the family if necessary.

Farwell (1990) and the Michigan Adolescent Sexual Abuser Task Force placed family accessibility and involvement as a primary concern. Farwell clearly addresses concerns related to regional assessment centers (accessibility discussed earlier), education related to sexual offenses for families, and the need to stay involved with the abusive-reactive offender and their family. Although these recommendations are more specific than those of the national task force, specific implementation suggestions were lacking. Farwell did see some issues as defined through clinical experience and needing to be addressed in the treatment of every juvenile offender. Three of the specific definable issues were:

1) Family issues which support or trigger offending.

2) Identification of the offense cycle.

3) The (student's and/or parent's) ability to interrupt the cycle before an offense occurs and control behavior.

These issues were also defined specifically by the

National Task Force on Juvenile Sexual Offending (1988).

Balthazor and Way (1990) insist treatment for adolescent sexual offenders must be planned and implemented from a family system's perspective if relapse is not to occur. Balthazor and Way speak to the high degree of substance abuse problems (66%) in the families of juvenile sexual offenders and the fact that these families tend to have rules that exclude a family "talking" about problems. Balthazor and Way also feel that family awareness and education related to sexual offending is so essential it must occur, even if it needs to be mandated by court order.

In writing directly to parents of sexual offenders, Kahn (1990) lets the parent know their fears are legitimate and real. Kahn even acknowledges they may not feel like being actively involved. He also insists they can help a child be successful in the community. Kahn lets the parent(s) know feeling isolated, confused, and angry is natural. He goes on to say that these feelings can be overcome by learning the signs and situations which are involved in their child's sexual offense cycle.

Thomas (1990) makes it clear that juvenile sexual offenders must have "family" to be successful. Thomas makes a very real definition of family that includes biological, adopted, or foster parents as family. Thomas points to the feeling of "failure" and the fear of continued failure in these families. By providing these families an intellectual

(concrete) understanding of what has occurred, Thomas believes you can help these families gain the confidence in helping professionals and in their own family system to accept the offender in their home.

Lane and Ryan (1991) write at length about the different types of families (exploitative, adequate, rigid, etc.) and how difficult it is for them to gain confidence in their ability to effectively help a juvenile sexual offender. Regardless of the problems encountered, Lane and Ryan make a firm assessment by stating clearly that a family orientation is both possible and desirable in approaching every case.

The literature is very limited but consistent in its findings. The problems of families with adolescent sexual offenders are severe and multidimensional, but they must be involved in the treatment process if it is to succeed. It is also very clear that parents of juvenile sexual offenders do not have the understanding or ability to intervene effectively in their child's sexual offense cycle.

# CHAPTER III

## ANTICIPATED OUTCOMES AND EVALUATION INSTRUMENTS

### Goals and Expectations

The following goals and outcomes were projected for this practicum. If successful, parents will be able to understand and intervene in their child's sexual assault cycle. It is hoped that this goal will reinforce the parent's ability to help the child and help the parent feel confident in their abilities to parent a child with sexual offending behaviors.

### Expected Outcomes

Professionals believe parent involvement in the treatment of juvenile sexual offenders is essential to its success. This practicum will be presented to all foster and biological parents of students in residential treatment.

Understanding of the sexual offense cycle is recommended in the literature related to families of sexual offenders and seen as essential by 18 of 26 professionals in the field who were asked what types of information they are giving families about sexual offending behavior. After practicum implementation, parents will show a significant increase in their understanding of the components of the

sexual offense cycle. The T-test will be used to measure the significance of change.

Families lack confidence that they can effectively intervene in a child's sexual offense cycle as noted in the literature and documented by the initial response of "no" by all foster families in the agency when they were asked if they were open to working with sexual offenders. After practicum implementation, parents will feel more confident that they can effectively intervene in a child's sexual offending behavior.

## Measurement of Outcomes

To measure the first outcome, which was an increased understanding of the offense cycle, a writer-developed instrument was utilized. The focus of the measure was the individual's ability to define the assault cycle. The measure included items related to the confidence families gain in intervening in their child's offending behavior.

The model used was basically a payoff evaluation as described by Popham (1993)--that is, a judgmental model emphasizing outputs. It is assumed the goal (increased understanding of the sexual assault cycle) is good and of value in itself. This practicum was very goal oriented, but great attention was paid to the basic components of an ethnographic (naturalistic) evaluation. This approach uses open-ended questions which allow for families to express outcomes in their own terms.

Whenever possible, like the intervention itself, these evaluations were conducted in the home or community.

The sample for this evaluation included all families with children in a specific sexual offender treatment program. This initial sample was relatively small, so the ability to relate the findings to all families of sexual offenders was not present. The One-Group Pre-test/Post-test Design was adequate for this study. The pre-test and post-test was a writer-designed test of the offender cycle (see Appendix C). The survey was designed with the assistance of a specialist in research and evaluation.

This simple evaluative design is effective in eliminating large, glaring problems for further, more encompassing studies. To measure the significance of the differences between the means of the pre- and post-tests, the t-test has been selected for analysis. This statistic allows for relatively small numbers. As this writer hypothesized a gain in scores, a one-tailed test of significance was used.

If this evaluation was to find families willing and able to learn this type of information, it could assist in developing a larger training program for families with children placed in residential sexual offender programs. The results of this evaluation would hopefully stimulate further research and evaluation in this ever-growing area of need.

# CHAPTER IV

# SOLUTION STRATEGY

## Discussion and Evaluation of Possible Solutions

Solutions for the larger question of how to best work with families of sexual offenders is likely years away. As the National Task Force on Juvenile Sexual Offending (1988) found "...the lack of substantive research in the field suggested that the creation of 'standards' is premature" (p. 1), The National Task Force also found that there was not enough clinically based knowledge and that the basic theoretical premises upon which juvenile sexual offender treatment could be operationalized had not yet been defined. The Revised Report from the National Task Force (1993) still was not ready to present "standards," although it was reaching consensus in more specific areas of intervention. Despite these problems, typical to a field of study so young, basic themes and priorities are present.

Family training and education approaches used in other areas such as delinquency and substance abuse offer a credible base for developing an offender-specific family training model. Although most leaders in the field of sexual offending are very careful not to allow the offender

the excuse of "addiction," the cycles hold much in common. Ackerman (1983) has done a particularly good job of developing guidelines for parents working with the substance abuse cycles. Many of these guidelines, particularly the guidelines related to enabling, are very helpful in working with parents on the sexual offense cycle.

In a very early work, Knopp (1986) described nine juvenile sexual offender programs. Six of these programs address the very difficult, but essential, work related to families. In speaking of the necessity of using a family system's approach, one specialist put the need succinctly.

> If you're talking about intervention and trying to break that pattern of offense, you must come back to the family system, not just the individual. It's not something innately wrong with that teenager that has led him to become a sex offender. It's the teenager acting out his family issues and conflicts that up to that time have not been getting addressed openly, if at all, by anybody in the family (p. 43).

Jenson and Whittaker (1987) offer specific ideas on what must be done with parents who have children in residential care. They speak directly to how difficult parental involvement is, but how effective it is in changing both problem behaviors of the child and family. Parent training may be focused on child interventions, but the parents seem to also recognize personal behaviors inconsistent with being able to problem-solve their child's behavior.

Gil (1987) and Kahn (1990) both have developed guides for parents of sexual offenders. They both offer questions

typical of these parents and sensitive answers that are very helpful to professionals working with these families. Gil leaves specifics of what the parents need to learn to others. Kahn puts forth specific questions for parents related to grooming and other components of the offense cycle. Combined with the caring, supportive approach of Gil, Kahn's questions become even more effective in empowering parents and helping them feel they can understand and help their child.

Longo and Pithers (1993) and Terry (1992) continue with very recent ideas on the importance of how to teach the offense cycle. Both offer specific emotional, interpersonal, physical, and behavioral clues that parents can use to help determine if a child is about to begin, or has begun, their offense cycle. This physical description certainly seems essential in any teaching done with parents of juvenile sexual offenders.

The material seems clear in pointing to at least the beginning steps in the education of parents of sexual offenders. Unless a parent has been removed from custody for offending their own child, they should be included as essential components in the treatment process. To be part of the process, the parent must feel significant, informed, and empowered to parent. It would seem the single best place to start is in working with the parent on the sexual offense cycle. No other solution seems to cover so many

factors in empowering a parent, and the offense cycle is the common denominator used by professionals in all fields working with sexual offenders.

Description and Justification for Solution Selected

That parents need to be included in treatment and that they must understand the sexual offense cycle of their child seems to be two of a very limited number of items that could be considered as "givens" in the field of juvenile sexual offending. The Revised Report from the National Task Force on Juvenile Sexual Offending (1993) made their opinion clear in the following statement: "When the youth's abuse cycle has been identified, families should be acutely aware of precursors, triggers, lapses, etc..." (p 73). The parents and foster parents involved with the juvenile sexual offenders in treatment with this agency have shown the fear, anxiety, and powerlessness common to parents dealing with juvenile sexual offenders. It would appear a first step in helping these parents feel effective as care givers is the development of an instructional component that can assist the parents in understanding the concept of the sexual offense cycle. Just as important is learning the specifics of their own child's cycle. Theory is fine, but confidence and support will be gained only when these parents can relate theory to concrete observable behaviors and concrete usable interventions.

To implement this instructional component, an eclectic

approach drawing from several areas was needed. There is no known research directly related to working with families of sexual offenders in residential care, so solid basics of teaching and family treatment was needed.

This writer met with agency professionals in outpatient counseling, foster care, and residential care. All of these individuals felt the sexual offense cycle was the best area to begin teaching, as did the professionals surveyed on a state level.

This writer developed an offense cycle that can be used by both the child and family. This cycle was also approved by foster care and outpatient services so a child and family can move between services without feeling they have to start all over--a very common complaint of those who feel shuffled by an uncaring system. Lack of consistency can actually stimulate the cycle as a family system feels stress and anxiety at facing unknown challenges.

The offense cycle used also allowed for individual input and modifications. Each family and child must recognize and <u>own</u> the cycle as their unique opportunity to change. Training for the parents took place individually for parents unable and/or unwilling to attend group sessions. Interactive group sessions were also held in the community. Pre- and post-tests were administered to measure gains in understanding the components of the sexual assault cycle. Open-ended questions and ethnographic interviews

were used following the training to assess additional needs and client perspective.

## Report of Action Taken

Specific preparation for the training to take place began about one month before practicum implementation. This writer met with the foster care workers to set specific group meeting times and individual parent appointments. This writer also met with the family service worker who works with the sexual offender specific program to arrange dates and times to meet with parents. In all cases, a backup appointment was made at the same time.

In preparation for the parent training, a basic outline was created that could be followed in all settings. This outline contained both the curriculum components and the teaching process. The process was extremely important. The parents had to understand we were asking for their help in assisting their child, not judging their knowledge or parenting abilities.

The materials used in presenting the offense cycle were kept very simple and consistent with the materials used by the children in treatment. An assault cycle with warning signs, an assault cycle with choices, and a short page of definitions pertaining to the cycle formed the basics of the training sessions (see Appendix B). In addition, a cycle that had been written by a student during treatment was used (see Appendix E). This sample cycle was suggested by the

staff working with the families. The "sample" cycle proved to be extremely valuable. Parents would relate very well with the "real" behaviors and feelings presented.

During meetings with the foster care workers and family service workers, several process issues were discussed that later proved most worthwhile. The first process issue related to the presentation of pre- and post-tests. A significant number of parents were known to have very limited skills in reading. It was also noted that responses of families to written material tended to be very minimal. The decision was made to present all pre- and post-tests verbally, although the parents would check the scales themselves. The parents were more comfortable with verbal interaction and were much more responsive to the open-ended questions on the post survey than in previous surveys where extensive written work was required.

For this reason, all work related directly to this practicum took place after at least three contacts of a non-threatening, supportive nature had taken place. Despite the precautions taken, several difficult situations arose during the teaching process. Parents cried, denial of offenses was common (even if acknowledged by offender), and discussion of the cycle brought up many new issues related to the child and the family. These situations were concerning but not atypical of the milieu in which "normal" family treatment occurs with the family systems of sexual offenders.

When working with parents in the home, an hour seemed to be the effective limit. Although interruptions were common when in the home (phone calls, other children, etc.), the safety and comfort afforded by ones own home seemed to balance the negative features of these problems. With the parents who met in a group, two hours seemed to work fine. Additional questions and perceptions were valuable in the group settings, but many parents were far less open with "strangers" present than when meeting one-on-one. When planning, this writer would suggest allowing additional visits when working in the home. No significant difference was found in the results, regardless of the place or length of sessions.

Parental resistance was seen as a potential problem entering this practicum, but it did not become a consistent or chronic issue. Because this teaching was approached from a child-based focus, it was received far more openly than when the family service workers approach the same issues from a family system (dysfunction) approach. The staff involved in helping with the practicum were pleased with the openness of many parents. They are now reframing much of what they must present to families in terms of their child's needs. This approach seems to be stimulating family system discussions that were previously very difficult to begin.

Possibly the greatest difficulty encountered in the practicum was keeping focus on the intended area, the

offense cycle. Each step seemed to raise new questions and ideas on the part of the parents. If these sessions had been strictly defined in duration or quantity, many parents would not have completed the process within the larger time framework of the practicum. Thus, one of the greatest problems encountered was in limiting the scope and direction of meetings so the basic goals related to the offense cycle could be met in a reasonable, timely fashion.

## CHAPTER V

## RESULTS, CONCLUSIONS, AND RECOMMENDATIONS

### Results

The families that completed the offense cycle training were evenly divided between natural and foster families. The foster families consisted of five married couples and four single parents. One of the single parents was male. The natural families all consisted of single females. One male began the training but was excluded when sexual abuse charges were placed against him. Two of the natural families did have long-term LTP's in the home. One of the LTP's participated irregularly, and the other refused to participate. The LTP who refused to participate talked at length about being a victim himself and not being willing to go through the trauma again. This unwillingness to deal at any level with the issues of the child which was supposed to return to the home has stimulated a clear expression of concern from the mother and child.

This practicum was designed to teach parents and foster parents of sexual offenders in residential care the basic components of the sexual assault cycle. This practicum was also designed to increase the confidence of parents and foster parents in their ability to effectively evaluate and

intervene in the sexual offending behavior of their children. Ryan (1991) feels this is essential if parents are to move beyond feelings of hopelessness and helplessness, and the feeling that sexual offenses occur without warning and are not predictable.

A total of 21 parents participated in this practicum. Of this total, 18 completed the training and the post-instruction survey. One student was removed from program, so his mother chose to discontinue her participation. One parent moved and could not be found prior to practicum completion. The last parent had custody removed due to abuse charges and was not allowed to continue contact with his child. Although it would have been preferable to have the same number of pre- and post-tests, it was not considered essential statistically or in terms of more generalized conclusions.

The specific purpose of the survey was to determine:

1) What impact content specific training would have on the knowledge parents have about the sexual offense cycle.

2) What impact the training would have on a parent's feeling of preparedness and confidence in relation to their child's sexual offending problems.

The null hypothesis for the study is stated as follows:

H(o): Knowledge of the offender cycle before instruction is equal to the knowledge of the offender cycle after instruction.

To test the hypothesis, a content specific survey was administered, before and after training, to determine level of knowledge about the offense cycle. The mean scores were then compared to determine if differences existed and if those differences were significant. The comparison of these scores is shown in Table 1.

Table 1

Summary of T-Test for Sex Offender Surveys

| Data | Pre-Instruction | Post-Instruction |
|---|---|---|
| Number of cases* | 21 | 18 |
| Average survey score | 2.71 | 3.69 |
| Standard deviation | 0.997 | 0.778 |

t-value = -3.44

[t] = 3.44 > 1,96 == > Reject H(0)

*Unable to use matching cases between pre- and post-instruction surveys

The average score for the survey prior to training was 2.71. The average scored after training was 3.69. A t-test for unmatched pairs indicates that the difference is significant at the .05 level. Therefore, the null hypothesis was rejected. It also should be noted scores on the pre-test were more varied than the post-test. The lesser variance in the post-test scores is an additional indicator of learning within a group.

The second portion of the offender cycle assessment survey was designed to measure if the parents involved felt better prepared to help their child deal with their sexual offense problems and if they felt confident in their understanding of the offense cycle.

All parents involved expressed at least some additional confidence in each question area (see Appendix F). The means for each question varied from 3.50 to 3.72, although each question had responses varying from 2-5 except question 2a, which had responses varying from 3-5.

The responses to the open-ended questions seemed consistent with the feelings of an individual who has just learned significant new information. Responses such as "More people need to know," and "Keep teaching and information coming," were very common. Other responses commonly referred to the "real" nature of the training and the ability to make the training personal to ones child rather than theoretical. As one parent wrote..."it was real to family -- you become more aware. The knowledge and a strong will can help deal with our son's offenses." Almost half of the parents responding also asked for help with other family members, either in learning the offense cycle or including them in future trainings.

The reported results seem clear in indicating that the parents of sexual offenders will participate in training,

although the method of presentation may need to be flexible and/or individualized. It is also apparent learning can take place that will enhance self-confidence and parenting skills in relation to working with adolescent sexual offenders.

## Discussion

This practicum is somewhat limited in scope (parents of sexual offenders) and somewhat limited in number (n=18), but there is clear evidence that these parents can and will participate in training designed to enhance their parenting skills. The National Task Force on Juvenile Sexual Offending (1993) and the Michigan Adolescent Sexual Abuser Task Force (1990) were clear in recommending high family involvement in the treatment of juvenile sexual offenders. A primary conclusion of this practicum is that the very limited number of programs for parents of sexual offenders has more to do with the systems delivering services than the resistant nature of the parents themselves. Although extensive problems are inherent in the family systems of most juvenile sexual offenders, as noted by Lane and Ryan (1991), Kahn (1990), and Thomas (1990), these problems are not always beyond help, and there <u>is</u> a desire to improve the system on the part of most parents.

The specific conclusions reached at the completion of this practicum are as follows:

1) Training does enhance the knowledge of parents

related to sexual offending behavior.

2) Training does enhance the confidence of parents with sexual offending children.

3) Parents of juvenile sexual offenders want to improve their parenting skills.

4) Parents will participate in specific, flexible training designed to meet their needs.

5) Training will stimulate a desire in parents for more knowledge in how to work with sexual problems of their children.

All 18 parents showed increases in their understanding of the sexual offense cycle. As a group, these parents showed a significant increase in scores, and a lessening of the standard deviation in the post-instruction results, a clear sign of learning within a group. Knowledge of the sexual offense cycle was seen as being of primary importance by the professionals surveyed (18 or 26). That parents can, and will, learn this information should lead to further training related to sexual offending. Despite the difficult, often chaotic lives of these parents, it is clear there is time and energy to learn -- if they feel what is being taught is of value.

Many parents lacked confidence in their own abilities as parents so they avoided or denied many problem behaviors of their children. They basically avoided problems out of the fear that intervention on their part might create even

bigger problems. Without confidence, intellectual understanding is likely to remain an intellectual rather than a practical exercise. This type of training is beneficial in that all parents involved felt they were more confident in recognizing sexually problematic behaviors and where these behaviors fit in their child's sexual offense cycle. Even more importantly, these same parents felt more prepared to help their child deal with their offending behavior (see Appendix C, questions 2a, 2c, and 2d).

Discussions with professionals who work with sexual offenders sometimes have left this writer with a feeling that working with the families of juvenile sexual offenders is a waste of time -- they really do not want to change. Lane and Ryan (1991) go so far as to speak of some families as being "impossible." This writer feels some families are "impossible" but when 18 of 21 parents complete any training process, it seems clear there is at least some level of desire to grow and learn as a parent.

Another conclusion reached seems simple, yet it is overlooked in many human service areas. Some events had been notably unsuccessful for this writer in relation to parents of sexual offenders. Parent days had only attracted one or two families. With other groups of children, in the same residential setting, eight to ten families would typically be represented. The willingness to go to the families home to do training had an obvious effect. All but

two of the parents had come to campus to meet with their children by the completion of this practicum. It would seem where training takes place may be a more threatening issue than the content of that training. If the real goal of a treatment person is to include the family system, beginning in the families' setting (one of safety and comfort) is certainly the place to start.

The final conclusion reached in this practicum is that most families of juvenile sexual offenders can become safe, permanent placements. The training not only persuaded some parents, especially foster parents, that they would be willing and able to deal with the problems of a sexual offender, the training stimulated two parents to go to court and seek custody they had willingly given up related to their offending children. On a small scale, the primary conclusion of this practicum is that the families of sexual offenders may face unique and traumatic difficulties, but most can become an integral part of their child's treatment.

## Dissemination

This practicum has had a variety of "spin-offs" within the agency, and external to it. Within the agency, the child-centered sexual offense cycle that was designed is being used in all areas of treatment, both residential and community based. All foster care workers participated in training so they could continue offense cycle work with the family following placement in residential care. The

children involved presented the work being done with them and their families to the board of directors (a high risk activity for this writer). Several service areas (outpatient clinic, families first, foster care) are regularly working with parents on the offense cycle.

Externally, some of the state institutions have chosen to use the cycle developed in this practicum and have visited to see the sexual offender program and how families are included as part of the treatment milieu. This writer, along with the group leader and relapse prevention specialist who work with the sexual offenders, have been asked to present to a state wide organization of professionals who work with sexual offenders. This presentation will be specifically related to working with, and training, parents for the return of children who have sexually offended.

## Recommendations

As a result of this practicum, the following recommendations have been made.

The first recommendation is that a comprehensive training program for parents of sexual offenders be implemented. This training would include, but not be limited to, offense cycle work. Other topics would include family systems work, thinking errors, parent assertiveness, and risk assessment.

The second recommendation is that all staff working

with the sexual offenders receive training in basic family work so they can effectively communicate and work with the families of the juvenile sexual offenders.

The third recommendation is that training on the sexual offense cycle take place as soon as possible in treatment. When the child shares his offense cycle, the family becomes active in helping the child develop and learn his offense cycle, and moves from being a passive recipient of information put forth by "professionals."

The fourth recommendation is that all individuals that work with the families of our sexual offenders receive the same training and use the same materials. It seems very important families and children sense a continuity of purpose regardless if the service is residentially or community based.

The last recommendation, and the most essential, is that the families of sexual offenders be included as a potentially helpful, important resource from the first day of treatment, unless the court or referral agency clearly indicates family involvement is contraindicated for abuse, legal, or treatment reasons.

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# APPENDIX A

# SEXUAL OFFENDER PROGRAM SURVEY RESULTS

SEX OFFENDER PROGRAM

SURVEY RESULTS

COMBINED RESULTS

QUESTION #1 RESPONSES

During the years, initial efforts focus on treating the entire family from a holistic approach. Initial assessments are critical in determining accurate information as it relates to the issues or problems in the total family, though the issues or problems have impacted each other and getting a sense as to how the problems impacted others. i.e. victim.

I try to get as much background information on the family prior to meeting. I work to both develop a working relationship, but also ask the hard questions about the family system. Determine how close the family is to reunification or what steps we can take to develop a healing to the family.

I try to remain open minded and look for the strengths the family possesses. Try to develop trust and help them to realize how much sexual abuse is hurting their family.

Our primary thought is to protect the child. Generally a holistic approach - working with all family members. Focus is on responsibility of caretakers and family members. Individual therapy for child emphasizes understanding the abuse, development of effective expression of feelings.

I try to combine teaching / giving hard information about dynamics of sex crimes, with therapy.

In general, I would describe my approach as psycho-educational; much the same as the treatment program. I try to educate the families as to the nature of the sexual offense and/or victimization. Then I work to help the family understand the impact on the family system of the offender/victim. i also emphasize networking the family with community based resources which can work more intensively with them.

Start with the assumption that the offender has probably been violated himself, Identify dynamics of that, help him and family work through it.

It is very difficult, many times the families are in just as much denial as the offender. The need to educate them as to offender problems is crucial. They also need to develop resources to assist them in their home and community.

A sensitive honesty, needs to be genuine in addressing their needs. The needs of the children, if incestuous; taking control and keeping it. Need to give message that this is serious not to be shrugged off, you expect cooperation, but will proceed with child's treatment, with or without parent cooperation so that (hopefully) down the road, the child can address his issues on the family content, which helps the family to more readily believe the crime.

Open,honest with families regarding student's offenses. Help in teaching parent parenting skills to help respond to their children.

Straight forward and honest. Stress the need for parental involvement and community support.

Initially enlisting and educating the family are the main focus. Focus in on involving the family int he child's treatment. Providing accurate information to overcome myths and misinformation.

In dealing with families, being straight forward and truthful allows less room for misunderstanding. The youth mislead families through phone and mail contacts.

I think that we are doing a good job with the family supporting them with these issues of having a sexual offender child. We also are doing a good job helping to build family's relationship.

Concern about their feeling. Attempting to help them understanding how the programs work. Also, make them sure of the expectations for both student and family.

We seem to utilize the family as the primary support. They are involved in almost every aspect of program. They are aware of victims, offense cycles, daily milieu's and feelings of both the group and team.

First you need to break through both their anger and denial. Educate the parents/family on the issues of offending specific to their son and their son's cycle. Helping identify the family's problems and issues that help irresponsible behavior to continue.

How they can best structure and supervise their son considering his cycle.

Family-centered approach process oriented. Start with information seeking meetings/programs. After assessing the families knowledge of student's sex offenses, refer family to parenting classes and or family counseling that addresses family process issues. In my role I try to help educate the family on how the dynamics and/or process in the family relate to student's offending cycle.

My approach to work with families to realize they have and are going through a crisis. First stabilize family, align with family, understand system, educate family.

Families are ordered into treatment with their children. We encourage parent participation at all levels of treatment. An educational approach individually to groups seems to work best with these people

Individual family therapy once every two weeks, structural family therapy, system theory. Parent group educational meetings every two weeks. An attempt to incorporate families into treatment process.

I assess for dysfunction and strengths. I use the family as a support system for the offender. We work to improve communication and I involve the family in creating the re-offense prevention plan, and teach them how to use it. I frame it as "the family's responsibility to keep children safe",

They are generally "multi-dysfunctional" and therefore need a lot of treatment. I encourage the use of other supports, groups & treatment and express to the family that I am one member of the treatment team for their family.

We use a combination of Mary Jo Barretts model of stages: Create context; challenging patterns/expanding alternatives; consolidation. Also combine Suzanne Sgroi's concepts from "Handbook of Clinical Intervention in Child Sexual Abuse." Particularly chapter on Family Treatment of Child Sexual Abuse.

As with working with the sex offender, the approach with the family must contain several elements blended together in such a fashion the family is not threatened or resistant. It seems essential these families are given an opportunity to understand the seriousness of the problem. The importance of full disclosure must be explained in a manner that is not accusatory or judgmental,, but matter of fact and because of concern for the family's welfare. The therapist working with the family must have an appreciation for the sophisticated and finely hone defense mechanism the family, or certainly some family members,

has developed. Another critical factor is the therapist's confidence in their knowledge and skills, as well as comfort in who they are. The therapist must be capable of discussing deviant behavior in an explicit and graphic manner without becoming personally repulsed or aroused.

QUESTION #2 RESPONSES

Each case, individual client, or situation is different. All having different dynamics and similarities. Some situations or clients would require intensive intervention, including the families, other cases they may be counterproductive. Accurate assessment of each case should dictate needs.

Depending upon the youth's desire to be part of his family. I find that often children will sexually assault a sibling as a way to exit the home. Therefore, often once these issues are openly identified alternative aftercare plans can be pursued.

I believe understanding the family is very important to working with the individual. However, I do not feel it is imperative to the individual treatment.

Essential

Essential

I think it would be very difficult to be effective with an offender/victim without working with the entire family system.

Essential, particularly if offenses are against family members. Often offenses have been perpetrated upon the offender by family members/friends, which makes it even more critical.

It has to be very important. How well prepared the family is to identify and work with the offender issues is imperative. Therefore, I believe they are essential to motivation, control, and preventing offenses after release.

Helping a family develop strength, awareness and support is a very important part of treatment.

Paramount, for the success of everyone, including the perp, depends on an honest re-integration. The perp may (probably)

need long-term after care.

Because of the importance of families being involved in the overall treatment of their children, their input into all aspects of their son's treatment is extremely critical.

Very critical - it is the crux of help and relapse prevention within the community.

In order for the child to move forward, he needs to know where he stands. Resolving issues of previous abuse, separation and loss, forgiveness and apology.

Very critical. Support from families motivates the youth to work on changes, shows youth you are invested in their lives not just their behaviors.

Most of the families are doing with cooperating with the program and supporting the program.

Very. The family must understand about the issues at hand and how to rebuild the family component.

Very critical. most kids feel their families have abandoned them because of their offenses, and to see and hear them be supported is very beneficial.

Very critical because of the issues described above. They need to help him stay ware of his cycle and how he has or could hurt others.

If student is returning home, absolutely essential in that parents will end up being "key" in recognizing student's cycle and situations that lead to cycle beginning. Parents also provide critical information relating to role of student in family as well as family dynamics.

Working with the family is critical even if the child is not going to return to this environment. Sexually offending behavior is learned behavior. The family can provide a background which allows a therapist to gather useful information. The offense cycle most likely began in or around the home with a person in or close to the family.

We believe highly critical in providing the importance for change and motivation to do the hard work necessary to make changes.

Very critical. Many of the youth's problem and treatment issues are directly related to family issues.

It is very critical. Unless the child has been adopted, he will always be a part of his family of origin. He needs to identify generational cycles and learn how to not repeat parents' and grandparent's mistakes. What he doesn't know, will hurt him.

Essential - if there is family/significant other available, and almost always there is, even when others say there isn't, you may have to look hard though.

Families are very important part of treatment.

Very critical, very important to understand and involve family since youth offended while being in home, not in placement. Need to look at contributing factors.

QUESTION #3 RESPONSES

No

I'm very directive in my approach to these families. sometimes, groups and individual sessions work best. They are required to do home work assignments weekly.

Structural family therapy, systems theory. More specifically, we use Longo-Pither for relapse prevention material, etc. (see #5) We attempt to empower parents to be part of the treatment decision making process.

Family Systems Model - I learned it in grad school at the U or M workshops and more in supervision. I don't use it to blame the family, only to improve relationships and generational boundaries. The responsibility must be put on the offender.

No particular model, although I individualize to the particular family and also gave alot of standard educational/informational material.

See #1 response. We also combine the individual/group work with the youth in stages....Acceptance; Consequences; Understanding and change; Support. This educate the family about the process and attempts to engage them in helping.

Currently, we have not employed a specific treatment model. our intervention represent a blend of the approaches presented by the individuals who have provided training to us and our own experiences with the families of these challenging young people.

Here again, I feel there must be a combination of treatment models, theories or interventions when dealing with families. Each family presents different needs or dynamics, limiting ones options to one specific model or approach could hinder creative and impactful treatment.

No.

I think it is important to develop a family of origin history specifically looking for abuse. Typically one parent was a victim of abuse, helping the parent deal with the abuse is helpful to the child,.

William Frederick's book "Psychotherapy of Sexually Abused Children and Their Families".

I developed my own.

I tend to use a fairly eclectic approach but, lately, have been incorporating much of the working model of Dr. Susan Segroi. I became aware of her work through attendance of a seminar she gave last year (a Skillman workshop sponsored by MACA).

See response to question 2. Also, perpetrator must take ownership, develop sensitivity toward victim, deal with own abuse possibly, identify an offense pattern. This comes form a combination of sources and experience.

No specific model - putting a program together based on relapse prevention.

Educate the family even as we educate the perp. Set parameters that include (language, proactive states of feelings - empathy but no sympathy). Structure activities from Quest, Active-Parenting and Anger Workout Book plus Stopping Violence Workbook.

No specific title that I know of, but just extreme openness and honesty involving families in every part of the student's treatment.

Initial Interview & Background. Offense Cycle. Warning Signs and Risk Areas.

Family Systems.

Different depending on youths relationship with family.

At this stage of my career, I have not been able to develop a certain style.

I feel our approach is to let the family know up front our plan of treatment. This allows them the comfort of knowing our intentions and the part they will play.

Relapse Prevention model. Training in Reno, Nevada.

No one model. Utilize bit and pieces of different models, depending on family system. Family systems approach is most utilized, along with Relapse Prevention Model.

QUESTION #4 RESPONSES

Often times information is delivered in general conversation with families in their homes during routine visits or sessions with them. At times, they may be given different sources of literature or referred to counseling groups or resources in their communities for support or direct treatment.

Often the youth themselves have been abused. often they have offended more times then we know about. Frequently they will deny sex offenses.

Typically, I share with families that offenders are usually victims as well.

Anything relevant.

Abuse/offending cycle. Impact on victims. Specific ways to help offender refrain from recommitting. Information on human sexuality/sex education.

I try to keep the focus on the specifics of the case and teach the family about their son's particular offenses/victimization. This would also include an understanding of their son's offense

cycle and the dynamic forces at work within their son. I would also attempt to discuss the long-term treatment needs of their son based upon the poor prognosis for most sexual offenders/victims.

Varies depending on specifics of the situation and degree to which they are already aware/involved.

Offense cycle, how the offender thinks, relapse prevention options, warning signs and risk areas.

Primarily focus on repetitive nature of this type of behavior, patterns of offending behavior, risk factors for re-offending - Educate!!

Family Service Worker does intense work with families about things to look for, how certain situations should be handled.

Cycle, warning signs, risks.

As much factual information as possible. Teaching them the child's offense cycle and helping them facilitate their child's use of his safety card.

We are letting the families know about the students circles and who are their victims or were their victims.

Things to look for. Behavior patterns, victim sympathy.

Basically we discuss the characteristics of a sex offender and the thinking errors and thought process (selfishness).

Thinking errors. Offending cycle. Personality characteristics (easily angered). How hurtful it is, the affects it has on victims, families. Their enabling of the offending and/or delinquent behavior.

Right now, I do a lot of education on sex offending cycles, etc. Also, due to time restraints of my position, I will refer families to an agency in their vicinity who can provide information on subject.

We attempt to be very frank with families regarding the offense cycle and the seriousness of sex offenses. Without making judgments or alienating the family, we attempt to share with families the patterns which our experience tells us about this learned behavior. We attempt to provide families with enough information to have an adequate context to appreciate the information we need from them. we try to help families understand how destructive secrets can be.

Timothy Kahn's material on Parents Guide of Sexual Offenders. Structural mapping of family dynamics that may contribute to sexual offending behavior.

Alot. From basic information on sex offenders to stats, cycle dynamics, thinking errors, relapse prevention, etc.

It is illegal. It hurts victims, Family members can help the offenders to not re-offend. Inappropriate sexual expression must not be modeled in families. Offenders need to be able to talk to family members to interrupt their abuse cycle.

Cognitive distortions, types of denial, sex abuse cycle.

As much as they can absorb.

Offense cycle. Thinking errors. Relapse prevention.

QUESTION #5 RESPONSES

No

Breaking the Cycle. Adolescent sexual treatment manual. St. Mary's Home for Boys, Beaverton, OR

Barenson's Cognitive Distortions. Longo's booklet "Why am I in Treatment"

Pathways being used with family as well as youth in placement.

Sometimes use parts of Ross & Loss education curriculum for parents. Along with above mentioned material. Have used Oprah Winfrey's show "Scared Silent" on videotape to demonstrate seriousness of issue.

We do not have a sex offender specific population. We do not have materials for families specific to the presenting problems. Each family is treated individually using the resources available in that community or resources we can make available from other sources. Each Family Service Worker tailors the materials they find to the families they are working with. The primary goal of the materials used (we have used very little written material,

i.;e. pamphlets, brochures, self-help books) is to engage the family in participating in treatment -- a tangible way for them to make an effort, a contribution.

Not at this time; however, am looking at several items at this time.

None.

At this time, we aren't utilizing any material regarding sex offenders.

Not at this time.

Relapse Prevention material from Pithers.

Sex Education, PPC, etc.

If I were running a sex-offender specific cottage) I encourage the use of the previously ID's materials, especially materials focusing on anger, victim awareness and some parts of Treatment Perpetrators of Sexual Abuse (Ingersoll & Patton).

Nothing specific - basically using a collection of materials from several programs.

No.

No.

I've collected things I use.

No.

No.

We have included into foster parent training several items of specific training by John Weed.

Not anything specific

QUESTION #6 RESPONSES

Trust, safety, honesty, and reassurance are elements which are missing or have been violated/abused. Reintroducing and building confidence in these areas is certainly a challenge. Full disclosure is a challenge. These families have carefully guarded secrets. Determine when and where and with whom it all started is a challenge. Redefining what is normal behavior and boundaries is a challenge.

Working through denial - any or all of 4 parts - awareness, responsibility, facts or impact and investment in working through issue.

Dispelling myths, breaking barriers, and ending secrets, specifically learning relapse prevention methods.

Accepting offense. Forgiving the offender, trusting again. Understanding their part in it.

Each dysfunctional family has different levels of problems but for many it is a challenge to retrain and educate appropriate behaviors.

Breaking denial. Modeling appropriate expressions. Giving nurturing to child. Substance abuse of parents. Learning appropriate expression of anger. Developing sensitivity to a child's needs. Using appropriate discipline. Giving positive attention. Establishing boundaries.

Dealing with shame, guilt associated with having a child who is offender. Dealing with possibility of part intra-family abuse.

How is sexuality learned in family - victims safety. Family process as it relates to sex-offending cycle. Support system so family doesn't feel "outcasted".

Denial, minimizing avoidance and sensitivity. Families deny there is a sex offending problem. Sometimes the issues or problem is minimized by others. Some families totally withdraw and refuse to deal with sex offense issues. Many choose to not be sensitive about the impact of this issue on others.

Resolving the hurt that both the offender feels, and the damage the victim in the family experiences.

Inappropriate sexual activity is very destructive to family relationships. The biggest challenge is to be honest so that change can take place.

Beyond the problem of abuse specific behaviors is the entrenched patterns of dysfunctional problem solving and conflict-resolution behaviors.

Changing their own ways of thinking/doing.

I believe the first challenge facing the families of juvenile offenders is accepting their son's problems as being real. Many parents continue to deny the nature of their son's problems, or will minimize the seriousness of the problems. For many families, giving unconditional love to their child/offender is difficult as they struggle with their own revulsion at their son's actions.

Risk of re-offense of other family members. Dealing with feelings regarding offense/offender in relation to victims in the family. Accepting that he is an offender. Confronting own feelings in regards to other family members/friends who may have offended the offender.

Education of offender and offender thinking. Resources available and support systems.

Awareness of the offenders cycle consistent support of the offenders effort in changing. Developing a sound, trusting family unit.
Honesty; post placement support and on-going aftercare- things to watch for, behaviors to question - Tough Love.

Realizing the harmful effect their child is having on others. Actually believing some of the offenses that have occurred.

Community resources and family structure.

Staying a part of the community. Learning to not let their guard down. Dealing with the ongoing stigma of having a child who has hurt others.

Accepting the behaviors and not denying or minimizing the act.

Understanding offending behavior.

Being able to acknowledge the warning signs and behaviors of the

offense cycle.

Structure supervision. Helping the boy deal with what leads him to offending.

QUESTION #7 RESPONSES

Parent groups are very beneficial. Pamphlets, articles, etc. possibly books but most won't read books. Video tapes of youth and families.

Education to improve communication skills, address children's needs, roles and boundaries to have a healthy family. Understanding of generational cycles and patterns. Motivation to change dysfunctions of all kinds.

More activities that would help these families to become socially active to practice assertiveness skills.

We started a family support group, need more information for parents.

Families need as much information as we can give them so that they can assist in the treatment of the offenders.

Educational format for introduction into therapy program.

Lots of information on normal behavior and boundaries. Trust building activities. Frank and honest discussions about the lifelong sensitivity each family member must have to the

Same as 1-6.

Participation in offense cycle orientation, more information on the thinking patterns and characteristics of sex offenders.

Co-therapy between staff, student, family.

More family conferences and give more help to the families, especially the one who are victims.

Issues that relate to offending behaviors, ie. offense cycle patterns leading to offense.

Support Groups. Parenting classes in a group format (Active Parenting).

Everything about communities

Structured role-playing activities,looking at family patterns.. Putting all the stuff we have scattered here & there into a more unified, organized "package" and structure family-building activities, formal assignments, family networking with other families, structured family group meetings.

Regular mandatory training required by program. A systems approach with the community to develop resources and prevention techniques.

Needs to be pro-active general information not only available to families of known offenders. How to identify patterns, profile of offenders, thought patterns of offenders.

I would like to see the development of a highly structure curriculum that the community-based workers can utilize with their client-families. An intensive, on-campus training for all community-based workers would be helpful to me. As I said earlier, I have an eclectic approach, and this is due primarily to not having been trained in one specific, effective model.

Group therapy, sex education, support groups and information on offending.

anything therapeutic that breaks up or disrupts the pattern. Positive experiences. Also-these families need to feel the impact of <u>not</u> changing. The courts must take a firm stand with holding caretakers and offenders responsible for their actions.

Possibly a handbook that provides information about the treatment of offenses and their families.

Helping foster families deal with the resistance they experience towards their foster kids by the foster child's birth family.

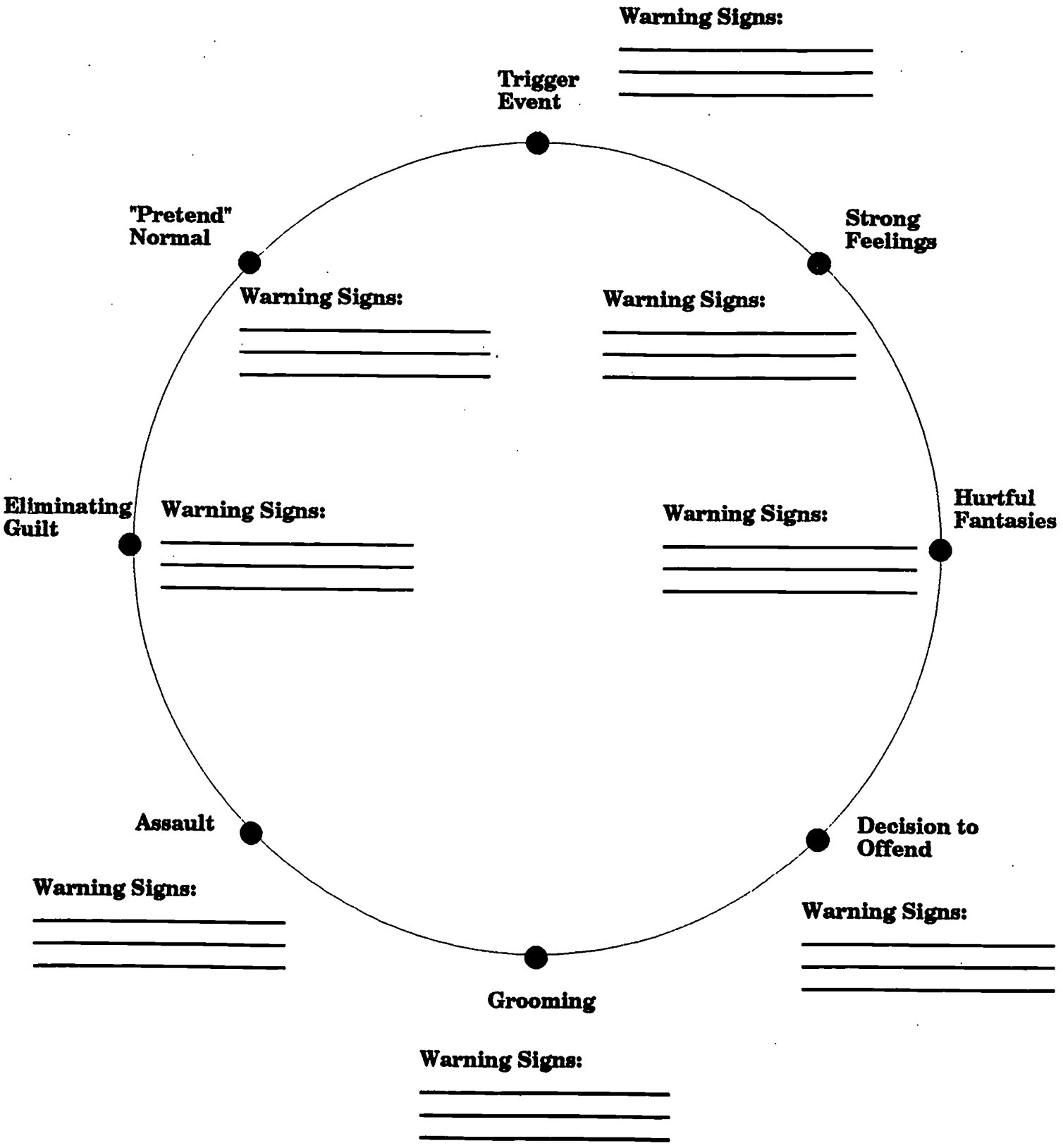
More education as to the treatment of offenders, the impact on victims and other - also more education designed to enhance the sensitivity of everyone to these issues in hopes of getting clients and families to feel more comfortable about talking or dealing with these issues.

Support group for families. Specialized foster care if family isn't ready for student. Educational type programs / group family counseling sessions.

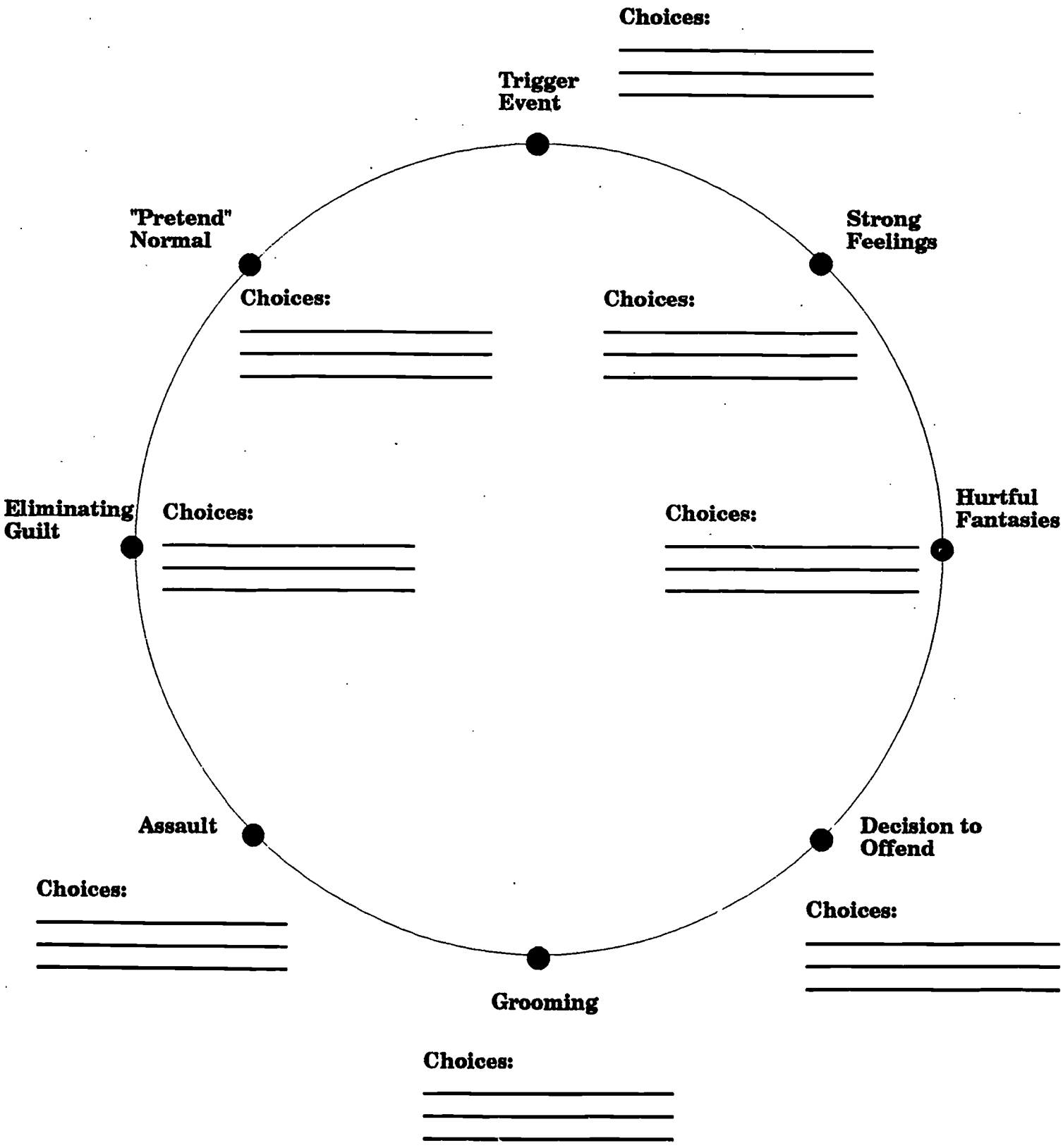
## APPENDIX B

## THE SEXUAL ASSAULT CYCLE: A CIRCLE OF CHOICE

# The Sexual Assault Cycle: A Circle of Choice



# The Sexual Assault Cycle: A Circle of Choice



# Sexual Assault Cycle: A Circle of Choice

| | |
|---|---|
| Trigger Event: | Challenges, difficult situations, crisis |
| Strong Feelings: | Depression, anger, fear, withdrawl, feels like a victim |
| Hurtful Fantasies: | Getting even, power conflicts, controlling others |
| Decision to Offend: | Personalizing fantasy, O.K. fantasy, enhansing fantasy, rationalize hurtful behavior |
| Grooming: | Setting up offense, preparing victim, intensify relationship |
| Assault: | Verbal, physical or sexual |
| Eliminating Guilt: | Memorizing, forgetting, rationalizing, self-pity, they deserved it |
| Pretend Normal: | Acting O.K., denial, creating next trigger |

# APPENDIX C

# OFFENDER CYCLE ASSESSMENT SURVEY

## OFFENDER CYCLE ASSESSMENT SURVEY

Families play an important role in the treatment of sex offenders. This is especially true as the youth is moved from the residential program back to the community, where treatment will continue. For families to be an active and positive support during this process, it is important for families to know and understand the cycle that offenders go through. This survey is intended to learn what you know about the offender cycle. The results will help the treatment staff plan how they will teach you more about the cycle and what your role is in the treatment process.

1. Based upon what you know about sexual offending behavior, to what extent do you understand the following phases in the offender cycle and why they occur:

| | NOT AT ALL | | SOME | | A GREAT DEAL |
|---|---|---|---|---|---|
| a. The difficult situations which trigger the behavior | 1 | 2 | 3 | 4 | 5 |
| b. The strong feelings which result in the child feeling like a victim | 1 | 2 | 3 | 4 | 5 |
| c. The tendency for the child to withdraw | 1 | 2 | 3 | 4 | 5 |
| d. The fantasies the child has about getting even | 1 | 2 | 3 | 4 | 5 |
| e. The acting out behavior to get back at someone | 1 | 2 | 3 | 4 | 5 |
| f. The assault itself | 1 | 2 | 3 | 4 | 5 |
| g. The sense of relief the child feels after the assault | 1 | 2 | 3 | 4 | 5 |
| h. The guilt and fear that follows | 1 | 2 | 3 | 4 | 5 |
| i. The rationalizing and minimizing | 1 | 2 | 3 | 4 | 5 |
| j. The pretending the child does to feel "normal" | 1 | 2 | 3 | 4 | 5 |

1

## OFFENDER CYCLE ASSESSMENT SURVEY

2. Based on what you know now, please indicate your reactions to the following statements:

| | NOT AT ALL | | SOME | | A GREAT DEAL |
|---|---|---|---|---|---|
| a. I feel more prepared to help a child deal with his offending behavior. | 1 | 2 | 3 | 4 | 5 |
| b. I am more confident in my ability to understand what is happening to children in the offense cycle. | 1 | 2 | 3 | 4 | 5 |
| c. I better understand what to do when a child is in their cycle. | 1 | 2 | 3 | 4 | 5 |
| d. I feel more confident I can recognize behaviors and their role in sexual offending. | 1 | 2 | 3 | 4 | 5 |

3. Do you have other comments to make about how much more prepared you are to work with sexual offenders?

_____

_____

_____

_____

4. As your child is getting prepared to return to the community and to your home, what type of support do you feel you need to be ready to receive him/her?

_____

_____

_____

_____

_____

5. Is there anything else the treatment team can do to help support your family?

_____

_____

_____

_____

_____

**THANK YOU FOR YOUR TIME AND COMMENTS!**

## OFFENDER CYCLE ASSESSMENT SURVEY

### Post Survey

Now that you've had some formal instruction about the offender cycle, we would like to know what you learned and what you thought about the instruction. Your comments will help us to improve the instruction for other families.

1. Based upon the instruction you just received, to what extent do you understand the following phases in the offender cycle and why they occur:

| | NOT AT ALL | | SOME | | A GREAT DEAL |
|---|---|---|---|---|---|
| a. The difficult situations which trigger the behavior | 1 | 2 | 3 | 4 | 5 |
| b. The strong feelings which result in your child feeling like a victim | 1 | 2 | 3 | 4 | 5 |
| c. The tendency for your child to withdraw | 1 | 2 | 3 | 4 | 5 |
| d. The fantasies your child has about getting even | 1 | 2 | 3 | 4 | 5 |
| e. The acting out behavior to get back at someone | 1 | 2 | 3 | 4 | 5 |
| f. The assault itself | 1 | 2 | 3 | 4 | 5 |
| g. The sense of relief your child feels after the assault | 1 | 2 | 3 | 4 | 5 |
| h. The guilt and fear that follows | 1 | 2 | 3 | 4 | 5 |
| i. The rationalizing and minimizing | 1 | 2 | 3 | 4 | 5 |
| j. The pretending your child does to feel "normal" | 1 | 2 | 3 | 4 | 5 |

## OFFENDER CYCLE ASSESSMENT SURVEY

2. Based on what you know now, please indicate your reactions to the following statements:

| | NOT AT ALL | | SOME | | A GREAT DEAL |
|---|---|---|---|---|---|
| a. I feel more prepared to help a child deal with his offending behavior. | 1 | 2 | 3 | 4 | 5 |
| b. I am more confident in my ability to understand what is happening to children in the offense cycle. | 1 | 2 | 3 | 4 | 5 |
| c. I better understand what to do when a child is in their cycle. | 1 | 2 | 3 | 4 | 5 |
| d. I feel more confident I can recognize behaviors and their role in sexual offending. | 1 | 2 | 3 | 4 | 5 |

3. Do you have other comments to make about how much more prepared you are to work with sexual offenders?

_____

_____

_____

_____

4. As your child is getting prepared to return to the community and to your home, what type of support do you feel you need to be ready to receive him/her?

_____

_____

_____

_____

_____

5. Is there anything else the treatment team can do to help support your family?

_____

_____

_____

_____

_____

**THANK YOU FOR YOUR TIME AND COMMENTS!**

# APPENDIX D

# PLACEMENT AT DEPARTURE

THREE MONTH FOLLOWUP TRENDS
FOR PLANNED COMPLETIONS

PLACEMENT AT DEPARTURE OF FAMILY VS. NON-FAMILY

LAKEVIEW VILLAGE

| | 1987 FAMILY/NON-FAMILY | | 1988 FAMILY/NON-FAMILY | | 1989 FAMILY/NON-FAMILY | |
|---|---|---|---|---|---|---|
| # OF COMPLETIONS | 23 | 25 | 19 | 19 | 30 | 24 |
| 3 MONTH: | | | | | | |
| PROD. | 22(96%) | 20(80%) | 18(95%) | 14(74%) | 24(80%) | 20(67%) |
| PLCMT. | 23(100%) | 20(80%) | 18(95%) | 16(84%) | 26(87%) | 23(77%) |
| ARREST | 1( 4%) | 3(12%) | 0( 0%) | 2(11%) | 3(10%) | 0( 0%) |
| CONVICT | 0( 0%) | 1( 4%) | 0( 0%) | 0( 0%) | 2( 7%) | 0( 0%) |

THREE MONTH FOLLOWUP TRENDS
FOR PLANNED COMPLETIONS

PLACEMENT AT DEPARTURE OF FAMILY VS. NON-FAMILY

MAPLE VILLAGE

| | 1987 FAMILY/NON-FAMILY | | 1988 FAMILY/NON-FAMILY | | 1989 FAMILY/NON-FAMILY | |
|---|---|---|---|---|---|---|
| # OF COMPLETIONS | 26 | 5 | 12 | 21 | 7 | 13 |
| 3 MONTH: | | | | | | |
| PROD. | 19(73%) | 3(60%) | 12(100%) | 18(86%) | 4(57%) | 11(85%) |
| PLCMT. | 20(77%) | 3(60%) | 12(100%) | 18(86%) | 6(86%) | 12(93%) |
| ARREST | 5(19%) | 1(20%) | 0( 0%) | 1( 5%) | 1(14%) | 1( 8%) |
| CONVICT | 1( 4%) | 0( 0%) | 0( 0%) | 0( 0%) | 0( 0%) | 0( 0%) |

THREE MONTH FOLLOWUP TRENDS
FOR PLANNED COMPLETIONS

PLACEMENT AT DEPARTURE OF FAMILY VS. NON-FAMILY

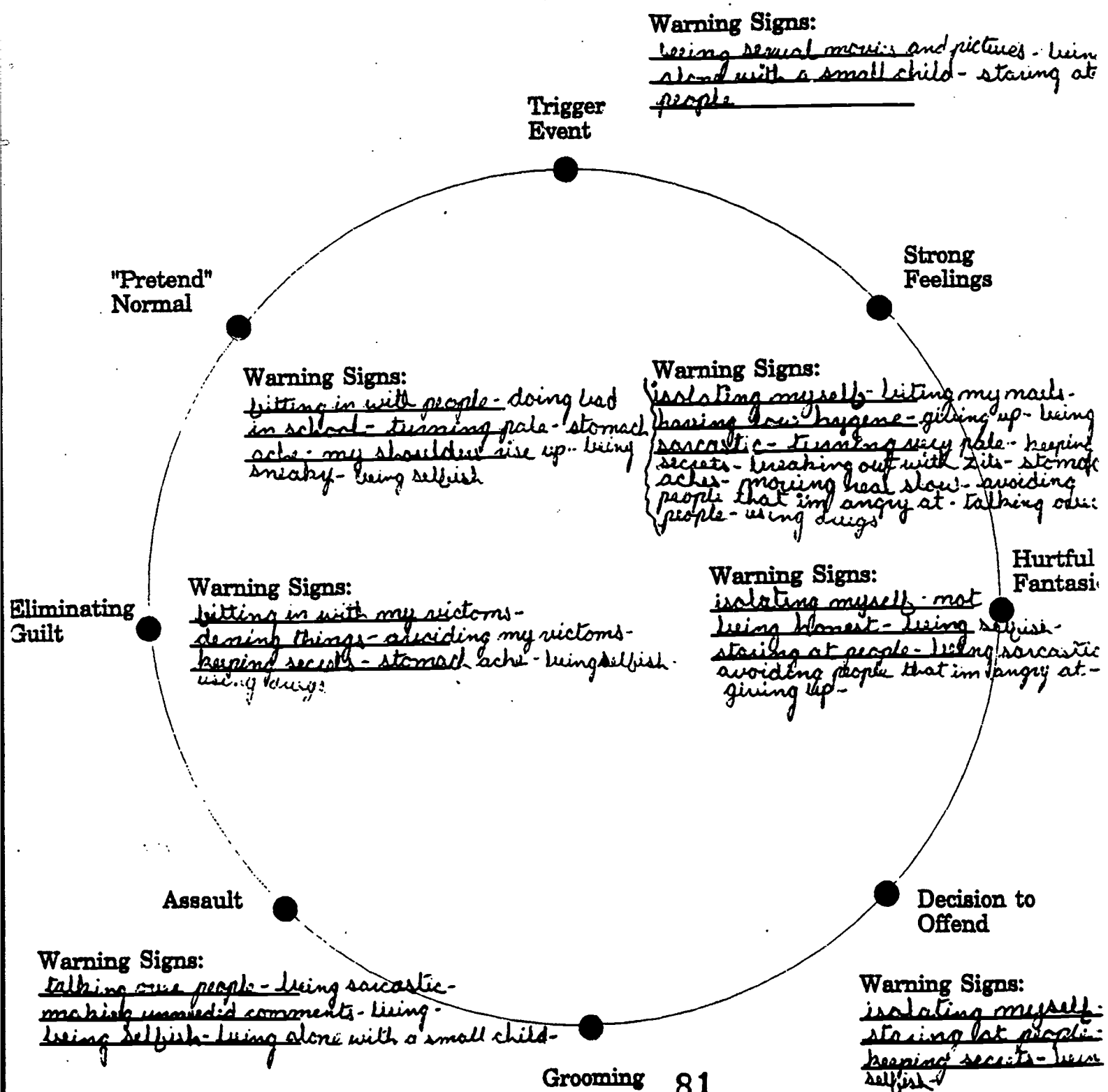
CEDAR VILLAGE

| | 1987 FAMILY/NON-FAMILY | | 1988 FAMILY/NON-FAMILY | | 1989 FAMILY/NON-FAMILY | |
|---|---|---|---|---|---|---|
| # OF COMPLETIONS | 39 | 10 | 24 | 17 | 30 | 20 |
| 3 MONTH: | | | | | | |
| PROD. | 32(82%) | 7(70%) | 22(92%) | 13(76%) | 27(90%) | 14(70%) |
| PLCMT. | 36(92%) | 7(70%) | 23(96%) | 14(82%) | 28(93%) | 12(60%) |
| ARREST | 8(21%) | 3(30%) | 4(17%) | 1( 6%) | 1( 3%) | 2(10%) |
| CONVICT | 2( 5%) | 2(20%) | 1( 4%) | 0( 0%) | 0( 0%) | 1( 5%) |

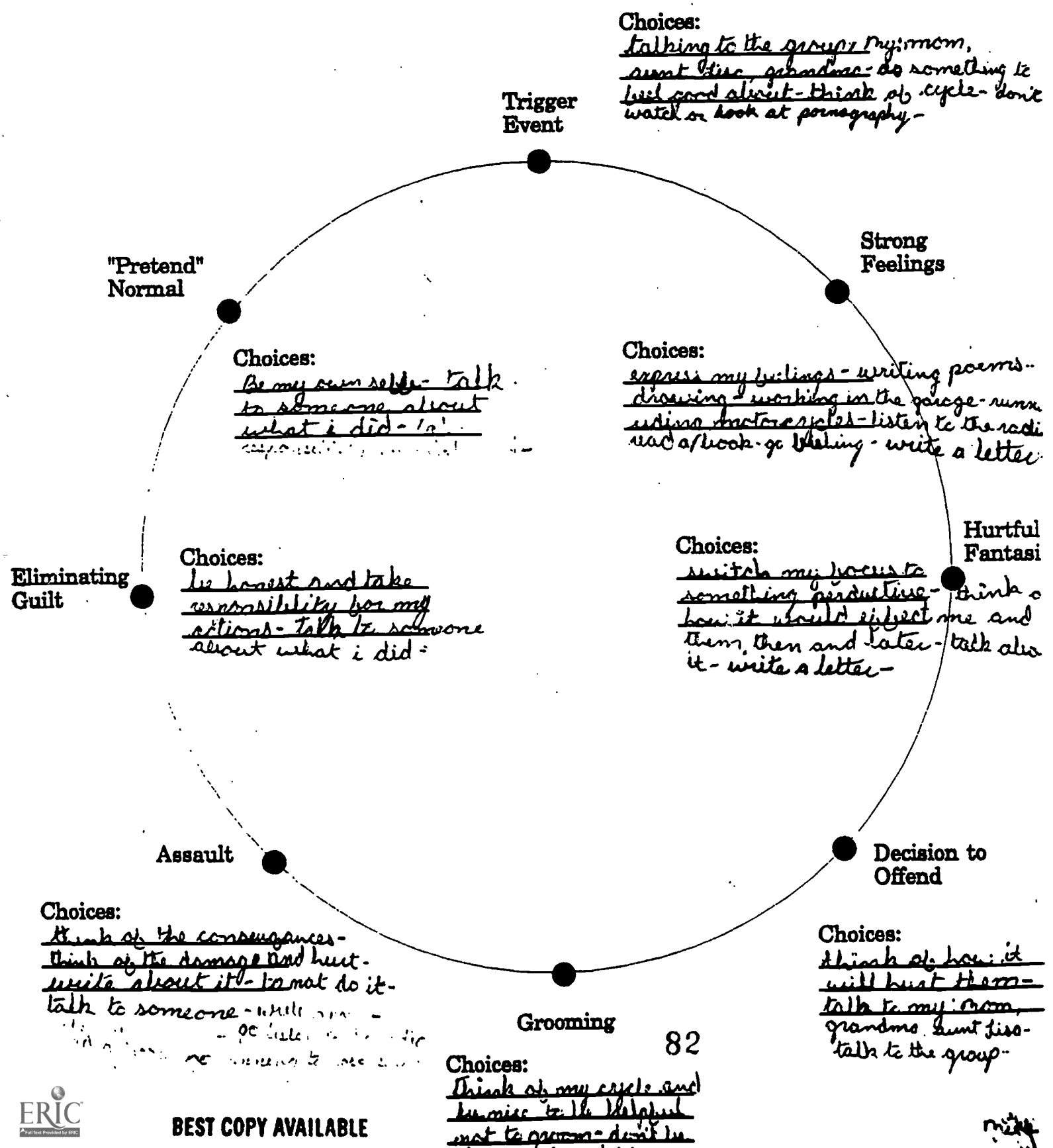
# APPENDIX E

# SAMPLE STUDENT CYCLE

# The Sexual Assault Cycle: A Circle of Choice



# The Sexual Assault Cycle: A Circle of Choice



# APPENDIX F

## RESPONSES TO OFFENSE CYCLE POST-TEST

Table 2

Responses To Offense Cycle Post-Test

| | Question | | | |
|---|---|---|---|---|
| ID | 2a | 2b | 2c | 2d |
| 1 | 3 | 3 | 3 | 3 |
| 2 | 3 | 3 | 4 | 4 |
| 3 | 4 | 3 | 4 | 4 |
| 4 | 3 | 3 | 2 | 2 |
| 5 | 3 | 3 | 2 | 3 |
| 6 | 5 | 5 | 5 | 5 |
| 7 | 4 | 4 | 2 | 2 |
| 8 | 3 | 2 | 2 | 4 |
| 9 | 3 | 3 | 3 | 3 |
| 10 | 3 | 4 | 4 | 4 |
| 11 | 4 | 4 | 5 | 4 |
| 12 | 3 | 4 | 4 | 4 |
| 13 | 3 | 4 | 4 | 5 |
| 14 | 4 | 4 | 4 | 4 |
| 15 | 4 | 4 | 4 | 4 |
| 16 | 4 | 4 | 3 | 3 |
| 17 | 4 | 4 | 4 | 4 |
| 18 | 5 | 5 | 4 | 5 |
| AVG. | 3.61 | 3.67 | 3.50 | 3.72 |